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SOUTHERN DISTRICT OF NEW YORK		
In re:	X	Chapter 11
RUDOLPH W. GIULIANI a/k/a RUDOLPH WILLIAM GIULIAN		Case No.: 23-12055
	Debtor X	

AFFIDAVIT OF SERVICE

STATE OF CALIFORNIA)	
COUNTY OF LOS ANGELES) 5	SS

I, Margie Arias, being duly sworn, say: I am not a party to the action, am over 18 years of age and am employed by Buchalter, a Professional Corporation, 1000 Wilshire Boulevard, Suite 1500, Los Angeles, CA 90017.

I certify that on January 18, 2024, the LIMITED OPPOSITION OF THE DOMINION PARTIES TO THE HERRING PARTIES' NOTICE OF PRESENTMENT OF PROPOSED ORDER SETTING STATUS CONFERENCE ON MOTION FOR ENTRY OF ORDER REGARDING THE AUTOMATICS STAY AND UNDERLYING MOTION REGARDING THE AUTOMATIC STAY (the "Opposition") was filed with the Clerk of the Court using the CM/ECF system, which will electronically mail notification of the filing to all counsel of record in this bankruptcy case who are registered ECF users as specified on the attached service list.

Further, on January 18, 2024, I served a copy of the **OPPOSITION** by first class mail upon the attorneys/parties listed in the annexed list at the addresses listed, said addresses designated for that purpose, by depositing a true copy of same enclosed in a postpaid, properly addressed wrapper, in an official depository under the exclusive care and custody of the United States Postal Service within the State of California.

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On January 18, 2024, I served two copies of the OPPOSITION by depositing a true copy of same enclosed in a postpaid, properly addressed Federal Express envelope, to be delivered via overnight mail on US Bankruptcy Court, Southern District of New York, Honorable Sean H. Lane, 300 Quarropas Street, White Plains, NY 10601-4140.

Dated: January 18, 2024

Margie Arias

Sworn to me this 18th

Day of January, 2

NOTARY PUBLIC

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verificate which this certificate is attached, and not the truthfulness, a	es only the identity of the individual who signed the document accuracy, or validity of that document.
who proved to me on the basis of satisfactory evidence	Here Insert Name and Title of the Officer Jame(s) of Signer(s) e to be the person(s) whose name(s) is/are subscribed
to the within instrument and acknowledged to me that authorized capacity(ies), and that by his/her/their signa upon behalf of which the person(s) acted, executed the	sture(s) on the instrument the person(s), or the entity
V. MONICA MANDEL ONLY FUBLIC © CALIFORNIA & LOS ANGELES COUNTY Comm. Exp. SEPT. 17, 2026	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature Signature of Notary Public
Place Notary Seal and/or Stamp Above	
Completing this information can define the fraudulent reattachment of this to	ONAL deter alteration of the document or form to an unintended document.
Description of Attached Document Title or Type of Document:	
Document Date:	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s) Signer's Name: □ Corporate Officer – Title(s): □ Partner – □ Limited □ General □ Individual □ Attorney in Fact □ Trustee □ Guardian or Conservator □ Other: □ Signer is Representing:	Signer's Name: □ Corporate Officer – Title(s): □ Partner – □ Limited □ General □ Individual □ Attorney in Fact □ Trustee □ Guardian or Conservator □ Other:

SERVICE LIST

Electronic Mail Notice List:

- **Victoria** N Argeroplos vargeroplos@jw.com, kgradney@jw.com,dtrevino@jw.com,jpupo@jw.com,steso@jw.com,dduhon@jw.com
- Maureen T. Bass mbass@abramslaw.com, dvanderbles@abramslaw.com
- **Heath S. Berger** hberger@bfslawfirm.com, afilardi@bfslawfirm.com
- Daniel Brogan dbrogan@beneschlaw.com, docket2@beneschlaw.com
- Gary C. Fischoff gfischoff@bfslawfirm.com, afilardi@bfslawfirm.com
- James B. Glucksman jbg@dhclegal.com, chllesq@yahoo.com
- Jennifer Hoover jhoover@beneschlaw.com, docket2@beneschlaw.com
- Justin Tyler Kelton ikelton@abramslaw.com
- Ronald Lawrence Kuby ronaldlkuby@gmail.com
- Anthony J. Napolitano anapolitano@buchalter.com, marias@buchalter.com
- Sven Thure Nylen snylen@beneschlaw.com, debankruptcy@beneschlaw.com
- **Kenneth L. Perkins** kperkins@winston.com, kenneth-perkins-3146@ecf.pacerpro.com;docketny@winston.com
- Robert Leslie Rattet rlr@dhclegal.com, jsp@dhclegal.com;mdv@dhclegal.com;ms@dhclegal.com;rattetrr89983@notify.bestcase .com
- Joel G Samuels isamuels@buchalter.com
- Andrea Beth Schwartz andrea.b.schwartz@usdoj.gov
- Rachel C. Strickland maosbny@willkie.com, rstrickland@willkie.com
- Enid Nagler Stuart enid.stuart@ag.ny.gov, leo.gagion@ag.ny.gov
- United States Trustee USTPRegion02.NYECF@USDOJ.GOV

Counsel for Non-Debtor Litigation Defendants:

Gregory M. Singer
Lauro & Singer
400 N. Tampa St., 15th Floor
Tampa, FL 33602
Counsel for Consolidated Defendant Christina Bobb

Alfred Carry McGlinchey Stafford 1275 Pennsylvania Ave. NW, Suite 420 Washington, DC 20004 Counsel for Consolidated Defendant Patrick Byrne

Teresa Cinnamond
Kennedys
120 Mountain View Boulevard
Basking Ridge, New Jersey 07920
Counsel for Consolidated Defendant Sidney Powell and Sidney Powell, P.C.

Joseph Pull
Parker Daniels Kibort
888 Colwell Building
123 North Third Steet
Minneapolis, MN 55401
Counsel for Consolidated Defendant MyPillow

Marc J. Eisenstein, Esq.
Coburn & Greenbaum PLLC
1710 Rhode Island Avenue, Northwest
Second Floor
Washington, DC 20036
Counsel for Consolidated Defendant Defending the Republic

Manual Notice Party:

Timothy W. Walsh Winston & Strawn LLP 200 Park Avenue New York, NY 10166-4193